

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

## Surgeries

Please check the appropriate box(es) for any surgeries you have had in the past.

### Gastrointestinal

- Appendectomy (removal of appendix)
- Cholecystectomy (removal of gallbladder)
- Colectomy or colon resection (removal of all or part of the colon)
- Exploratory abdominal surgery for adhesions
- Fundoplication (repair of hiatal hernia)
- Gastric bypass (weight loss surgery)
- Gastrectomy or gastric resection (removal of all or part of the stomach)
- Hemorrhoidectomy
- Inguinal (groin) hernia repair
- Splenectomy
- Ventral or abdominal wall hernia repair
- Whipple procedure for pancreatic cancer

### Cardiac

- Abdominal aortic aneurysm repair
- Coronary artery bypass graft
- Femoral bypass
- Coronary artery stent placement
- Heart valve surgery
- Pacemaker placement
- Cardiac ablation for rhythm disturbance
- ICD device

### Transplantation

- Liver transplant
- Kidney transplant

### Genitourinary

- TURP (reduction of prostate gland through the penis)
- Cystectomy with ileal conduit
- Nephrectomy (removal of kidney)
- Prostatectomy (removal of prostate gland through the abdominal wall)
- Gold seed implant for prostate cancer

### Gynecological

- Abdominal hysterectomy (removal of uterus through the abdominal wall)
- Vaginal hysterectomy (removal of uterus through the vagina)
- Oophorectomy (removal of ovaries)
- Cesarean delivery
- Breast biopsy

### Other

- Breast augmentation
- Breast reduction, both
- Cataract surgery
- Glaucoma surgery
- Mastectomy (side \_\_\_\_\_)
- Skin lesion, local excision
- Thyroidectomy (removal of thyroid gland)
- Port-A-Cath placement

None of the above

## GASTROINTESTINAL PROCEDURES

Please check the appropriate box(es) for any procedures you have had in the past.

- Colonoscopy Findings: \_\_\_\_\_ Year: \_\_\_\_\_
- Gastroscopy Findings: \_\_\_\_\_ Year: \_\_\_\_\_
- Liver biopsy Findings: \_\_\_\_\_ Year: \_\_\_\_\_
- ERCP Findings: \_\_\_\_\_ Year: \_\_\_\_\_
  
- None of the above